

ACH PAYMENT AUTHORIZATION (INSURANCE)

Indicate type of payment (select one): <input type="checkbox"/> One-Time Payment <input type="checkbox"/> Recurring Payment	
Agent:	
Insured:	
Policy Number:	
Bank Routing Number:	
Checking Account Number:	
Name on the Account:	
Transaction Amount:	Transaction Date: _____, 20____
To ensure payment is applied properly, please provide policy number in the field above and send remittance allocation details to MiniCo by email at accountingsupport@minico.com OR by fax to 916-760-2796.	

Authorized Signature: _____

Printed Name: _____

Date: _____

Contact Accounting Support:
accountingsupport@minico.com • Tel: 916-566-1000 • Fax: 916-760-2796